

SOLID WASTE LANDFILL ANNUAL REPORT

For Calendar year 2008

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Administrative Information (Please enter all the information requested below)

Facility Name: Intrepid Potash-Moab LLC

Facility Mailing Address: P.O. Box 1208

(Number & Street, Box and/or Route)

City: Moab

Zip Code: 84532

County: Grand

Permit Number: 0401

Owner

Name: Intrepid Potash-Moab LLC

Phone No.: 1-435-259-7171

Owner Mailing Address: P.O. Box 1208

(Number & Street, Box and/or Route)

City: Moab

State: Utah

Zip Code: 84532

Contact Name: Kevin Harmison

Contact Title: Production Superintendent

Contact's Mailing Address: P.O. Box 1208 Moab, Utah 84532

Phone No.: 1-435-259-1213

Contact's Email Address: kevin.harmison@intrepidpotash.com

Operator (Complete this section only if the operator is not an employee of the Owner shown above)

Name: _____

Phone No.: _____

Owner Mailing Address: _____

(Number & Street, Box and/or Route)

City: _____

State: Utah

Zip Code: _____

Contact Name: _____

Contact Title: _____

Contact's Mailing Address: _____

Phone No.: _____

Contact's Email Address: _____

Facility Type and Status

☐ Class I

☒ Class IIIb

☐ Class V

☐ Facility Closed during the year

☐ Class II

☐ Class IVa

☐ Class IV

Date Closed: _____

☐ Class IIIa

☐ Class IVb

Annual Disposal (Tons received at the facility for disposal)

Waste Type	Waste Origin		Total	Measurement	
	In-State	Out-of-State		Tons	Cubic Yards
Municipal	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Industrial	<u>115.00</u>	_____	<u>115.00</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C/D*	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

*C/D waste includes all waste going to a Class IV or VI landfill cell

Conversion Factor Used

☐ None Used

☐ Site Specific

☐ From Rules

List Site Specific Conversion: N/A

RecyclingMaterial Recycled: N/AReported in Tons ☐ Cubic Yards ☐**Utah Disposal Fee**Disposal fee required to be paid to State Yes ☐ No ☒

Fee paid Municipal: _____ Industrial: _____ C/D: _____ Annual: _____

Municipal, Industrial and C/D are fees paid by Commercial Facilities. Annual fee is paid by facilities operated by a municipality

Current Landfill Remaining CapacityTons: _____ Cubic Yards: 44885 Acre: _____ Years: 15+Acres Currently Open: _____ Acres Currently Closed: 0**Financial Assurance**Current Closure Cost Estimate: \$112,824.00

Current Post-Closure Cost Estimate: _____

Current Amount or Balance in Mechanism: \$112,824.00

(If facility permit has been renewed and if balance does not equal or exceed total for closure and post-closure care please contact the Division)

Current Financial Assurance Mechanism: Letter of Credit

(ie. Bond, Trust Fund, Corporate or government Test etc.)

Current Financial Assurance Mechanism Holder: U.S. Bank

(ie. Name of Bond Company, Bank etc. Account number)

Financial Assurance: Each facility must recalculate the cost of closure and post-closure care to account for inflation and design changes each year. The inflation factor can be found on the Division web page. Facilities that are using a trust account should include a copy of the most recent account statement.

Note Facilities using "Local Government Financial Test" or the "Corporate Financial Test" must provide the information required in R315-309-8(4) or R315-309-9(3) each year.

Other Required Reports to be Submitted with Annual ReportGround Water Monitoring: Class I and V landfills only. Check if exempt ☐Explosive Gas Monitoring: Class I, II and V landfills only. Check if exempt ☐Training Report: A report of all training programs or procedures completed by facility personnel during the year.Signature: Eric K. YorkDate: 2/3/09

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

Type Name: ERIC K. YORIKTitle: Manager- Utah Division